

CLAIMS ONLY							SERIAL NO	FILING DATE
							APPLICANT(S):	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1							
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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-2022 (1 98)

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 OMB 0651-0032

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number		Filing Date	
							Applicant(s) L. W. Wu			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	X									
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Total Indep	2									
Total Depend	13									
Total Claims	15									

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